



 Outlook

[External] CRNA Proposed Rulemaking

From Karen Samuels <karen@avaniaanesthesia.com>
Date Fri 7/25/2025 8:29 AM
To ST, RegulatoryCounsel <RA-STRegulatoryCounsel@pa.gov>

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To whom it may concern:

I am writing in response to the State Board of Nursing's proposed rulemaking, 16A-5145 (CRNA). I am the owner of an all CRNA anesthesia company that services several ambulatory surgery centers (ASCs) in Pittsburgh and the surrounding areas. I have been practicing for over 20 years and have been working in a CRNA only model for the past eight years. We work together with surgeons to provide safe anesthesia in an outpatient setting. This rulemaking recognizes and licenses CRNAs as intended under Act 60 of 2021. The rulemaking solidifies the scope of practice for CRNAs to administer anesthesia in cooperation with and under the overall direction of licensed physicians, podiatrists, and dentists, while setting licensing fees and certification standards.

As a young nurse I underwent rigorous training at the University of Pittsburgh and received as Master's degree in Nurse Anesthesiology. This training is very intense and the programs are quite competitive. More recently, I furthered my education by completing a Doctorate in Nurse Anesthesia practice which allows me to teach at the doctoral level and to provide this specialized care. Fast forward 20 years, now *all* nurse anesthesia programs result in a doctoral level education. As you can see, the training and education is extensive in order to provide this quality of care. Pennsylvania is among the top draws nationally for CRNA students, with 15 highly rated nurse anesthetist programs operating across the commonwealth. With these regulations, Pennsylvania is doing the right thing by strengthening existing CRNA programs and supporting the highly qualified professionals these programs produce.

Many of the ASCs we provide care at have only used physician anesthesiologist prior to our CRNA only group taking over. I am an advocate for our profession, and I pride myself at educating administrators on our model. Due to our extensive training, medical studies have shown there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment vs a physician anesthesiologist. In fact, these studies by nationally recognized health-care policy and research organizations prove that CRNAs provide high-quality care, even for rare and difficult procedures. Studies have also shown that our model is the most cost effective to the hospitals, insurance companies and to the patient. Everyone pays less and receives the same quality of care. In today's changing health-care environment, patients want health care delivered with personal care, at a lower cost, with a high degree of confidence.

For all these reasons, I urge support for the proposed rulemaking. I appreciate all the work that has gone into finally giving CRNAs the recognition they deserve. Thank you for your time and attention to this matter.

Sincerely,

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